Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

00

Litective October 1, 2005								19248-6					
		CLAIMS A	S FILED - PART (Column 1)		(Calumn 2)			SMALL ENTITY TYPE				R THAN	
TOTAL CLAIMS			22		-		1	RATE	FEE		RATE	FEE	4
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE		 ∙	BASIC FE		┨ ·
7	OTAL CHARGE	EABLE CLAIMS	2 2 minus 20=		٠, ٢			X\$ 9=	10	7	Na.	 	1
IN	DEPENDENT	CLAIMS	3	minus 3 =	٥		1 .	X43=	1/8	OR		<u> </u>	┨
М	ULTIPLE-DEPE	NDENT-CLAIM-I	PRESENT -	er system seem						OR	X86=	 	
•	f the difference	e in column 1 is	less than	zero enter	-0- in	cólumá 2	.	+145="	+	OR	L		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	407	OR	•	<u></u>	4
O	16gh	(Column 1)	HINEMDE	Colum)	•		SMAL		ENTITY	OR	OTHER THAN SMALL ENTIT		
AMENDMENT A		CLAIMS REMAININGAFTER AMENDMENT		HIGHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE.	ADDI- TIONAI		RATE	ADDI- TIONAL - FEE	
8	Ţotal	.21	Minus	- 8	2	=0		X\$ 9=		OR	X\$18=		1
AME	Independent	1.3	Minus	J 3	2	-60	lt	X43=		OR	X86=		1
	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		!			7			1
		·					Ļ	+145=		OR	+290=		ŀ
						•	A	TOTAL DDIT. FEE	0	OR	TOTAL ADDIT. FEE		ł
		(Column 1)		(Colum		(Column 3)	١ _		 :				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		6		X\$.9₅_	، المستون	OR	X\$18=-		-
	Independent	•	Minus	***		8		X43= ·		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1	±200-		
TOTAL												•	
		(Column 1)		OR ,	ODIT. FEE								
	`	CLAIMS		(Column		(Column 3)							
ا د ا خ	·	REMAINING AFTER		NUMBE PREVIOU		PRESENT		RATE	ADDI- TIONAL		-RATE	ADDI- TIONAL	
		AMENDMENT	27	PAID FO	R				FEE.			FEE	
MEN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	;.	
	Independent	•	Minus	***			_ _	X43=	· . · .	OR	X86=		نات د سنا
	ringi PRESE	NTATION OF MU	LTIPLE DEI	ENDENT C	LAIM		十	145=	· ·	-	+290=		
th the entry in column 1 is less than the entry in column 2, write 0° in column 3.												,	
	.De. Highest Nu	mber Previously Pai ber Previously Paid ber Previously Paid	d For-IN THI	S SPACE is le	ess than	3" enter "3."		DIT FEE L	opriate box		DDIT. FEE		· <u>·····</u>